

ACTICAL RESPONSE REPORT/Chicago Police Department

INFORMED INVOLVED INFORMATION	1. DATE OF INCIDENT 26-DEC-2015		TIME 05:30:00		2. ADDRESS OF OCCURRENCE 4710 W ERIE ST CHICAGO, IL 60644			3. LOCATION CODE 289		4. BEAT/OCCUR 1111		
	5. POSITION 9161		6. LAST NAME RIALMO		7. FIRST NAME ROBERT L		8. STAR NO. 15588		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WWH	
	11. AGE 601		12. HT. 205		13. WT. 205		14. DATE OF APPT. 05-OCT-2012		15. EMPLOYEE NO. 011		16. UNIT & BEAT OF ASSIGNMENT 1172R	
	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME LEGRIER		21. FIRST NAME QUIENTONIO		22. M.I. BLK	
(Check all that apply)	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 504		26. HT. 125		27. WT. 125		28. ADDRESS COOK COUNTY HOSPITAL - STROGER HOS	
	29. TELEPHONE NO. ER STAFF		30. WAS SUBJECT ARMED? BLUNT INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS		34. BY WHOM? ER STAFF	
	35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		36. CHARGES PLACED <input type="checkbox"/> DNA		37. CB NO. <input type="checkbox"/> DNA		38. IR NO. <input type="checkbox"/> DNA		39. SUBJECT'S ACTIONS		40. ADDITIONAL INFORMATION	
	41. PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER		42. ACTIVE RESISTER <input type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER		43. ASSAILANT-ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER		44. ASSAILANT-BATTERY <input checked="" type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER		45. ASSAILANT-DEADLY FORCE <input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER		46. MEMBER'S RESPONSE	
WEAPON DISCHARGE INCIDENT	47. MEMBER PRESENCE <input checked="" type="checkbox"/>		48. VERBAL COMMANDS <input checked="" type="checkbox"/>		49. ESCORT HOLDS <input type="checkbox"/>		50. WRISTLOCK <input type="checkbox"/>		51. ARMBAR <input type="checkbox"/>		52. PRESSURE SENSITIVE AREAS <input type="checkbox"/>	
	53. CONTROL INSTRUMENT <input type="checkbox"/>		54. OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		55. OTHER <input type="checkbox"/>		56. OPEN HAND STRIKE <input type="checkbox"/>		57. TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		58. OC/CHEMICAL WEAPON <input type="checkbox"/>	
	59. CANINE <input type="checkbox"/>		60. TASER (Probe Discharge) <input type="checkbox"/>		61. TASER (Contact Stun) <input type="checkbox"/>		62. TASER (Spark Displayed) <input type="checkbox"/>		63. ELBOW STRIKE <input type="checkbox"/>		64. CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	
	65. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		66. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		67. KICKS <input type="checkbox"/>		68. FIREARM <input checked="" type="checkbox"/>		69. OTHER <input type="checkbox"/>		70. SUBJECT'S RESPONSE	
71. INFO.	72. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) SUBJECT ATTACKED R/O'S BY ATTEMPTING TO STRIKE R/O'S WITH THE BASEBALL BAT.		73. POSITION STAR NO.		74. UNIT UNIT		75. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		76. 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		77. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	
	78. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial		79. WEATHER CONDITIONS CLEAR		80. MAKE/MANUFACTURER SMITH & WESSON JIS-(BODYGUARD/CHIEF SPECIAL)		81. MODEL M&P		82. BARREL LENGTH 4.25		83. CALIBER/GAUGE 9 MM	
	84. TASER DART ID NO. HAF1845		85. WEAPON SERIAL NO. (Include Letters) R028771S		86. CHICAGO GUN REG. NO. 1		87. IL FIREARM OWNER ID NO. 9		88. HANDGUN CERTIFICATE NO. 8		89. SPECIAL WEAPON CERTIFICATE NO.	
	90. PROPERTY INVENTORY NO. 9 MM LUGER		91. TYPE OF AMMUNITION USED 9 MM LUGER		92. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		93. TOTAL NO. OF SHOTS MEMBER FIRED 8		94. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		95. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
SIGNALURES	96. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		97. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		98. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		99. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		100. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		101. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) DNA	
	102. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		103. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		104. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		105. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		106. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		107. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	
	108. REPORTING MEMBER (Print Name) RIALMO, ROBERT L		109. STAR/EMPLOYEE NO. 15588		110. SIGNATURE 26-DEC-2015 11:31:08		111. REVIEWING SUPERVISOR (Print Name) STUART, STEPHANIE L		112. STAR NO. 330		113. SIGNATURE 26-DEC-2015 11:53:06	
	114. DATE REVIEWED 26-DEC-2015 11:53:06		115. TIME 1078616		116. LOG#		117. Attachment		118. 7		119. HY550255	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

OFFENDER DECEASED.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time, it is the preliminary determination of the undersigned that P.O. RIALMO acted in accordance with Department Policy in that P.O. RIALMO fired his/her weapon after offender charged at P.O. RIALMO and his partner, P.O. LaPALERMO while swinging a metal baseball bat at them. U#15-027.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☒ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1078616 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STAPLES, MELISSA A

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

26-DEC-2015 11:59:02

79. TOTAL TRR's THIS EVENT No.

2

LOG# 1078616

Attachment 1